

**CAAM YOUNG DOCENT PROGRAM APPLICATION FORM**  
(PLEASE PRINT)

---

LAST NAME	FIRST	MIDDLE
-----------	-------	--------

---

ADDRESS

---

CITY	STATE	ZIP
------	-------	-----

---

PHONE	CELL	EMAIL
-------	------	-------

---

AGE	DATE OF BIRTH	GRADE
-----	---------------	-------

---

SCHOOL

---

PARENT OR LEGAL GUARDIAN NAME

---

DAYTIME CONTACT NUMBER OF PARENT OR LEGAL GUARDIAN

**TRAINING PERIOD:**

**MONDAY through FRIDAY: JULY 20, 2009 – JULY 31, 2009**

**PAID PERIOD:**

**TUESDAY through SUNDAY: AUGUST 4, 2009 – AUGUST 30, 2009**

**Paid part-time work is available to those who successfully complete the program. The scheduling of work is based on the student's availability and CAAM's needs.**

Mail or email this form with: (1) A personal statement of why you should be chosen for this program. and (2) A letter of recommendation, to:

California African American Museum  
Young Docent Program  
Attention: Karen Lewis [klewis@caamuseum.org](mailto:klewis@caamuseum.org)  
600 State Drive, Exposition Park  
Los Angeles, CA 90037

**Your package must be received no later than 5pm, Thursday, July 9, 2009 in the offices of the California African American Museum.**

**HOW DID YOU HEAR ABOUT THIS PROGRAM?**

(Circle One)

---

School	Museum Notes	Friend	Drop In	Website	Library	Job Fair
--------	--------------	--------	---------	---------	---------	----------